

**STATE OF NEW HAMPSHIRE**  
**2017 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

PLEASE PRINT

**I. Name of Lobbyist(s)** Robert Olson

**II. Name of lobbyist's partnership, firm or corporation, if any:**

R. OLSON LAW OFFICE, PLLC  
 (Name of partnership, firm or corporation)

770 Broad Cove Rd Hopkinton NH 03229  
 Business Address: (Street) (Town/City) (State) (Zip Code)

603) 496 2998 (Telephone) (Fax) e-mail rdolson@rolsonlawoffice.com

**III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).**

☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client:

NONE

(Full Name of Client as it appears on the Lobbyist Registration Form)

**OR**

☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

**IV. Date of Report** April 26, 2017 ☐

Reports cover: activity from date of registration to 3/31/17

July 26, 2017 ☐

activity from 4/1/17 to 6/30/17

October 25, 2017 ☒

activity from 7/1/17 to 9/30/17

January 31, 2018 ☐

activity from 10/1/17 to 12/31/17

**V. There have been no fees received and no reportable transactions made since the last report.** ☐

If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

**VI. Check if additional reports are attached:**

☐ If you have received fees or made expenditures, you must file **Addendum A– Fees and Expenses**

☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B– Report of Honorariums or Expense Reimbursement**

☒ If you, your firm, or your family has made political contributions, you must file **Addendum C– Political Contributions**

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Robert Olson  
 (Signature of lobbyist)

10-24-17  
 (Date)

Robert OLSON  
 (Print Name of lobbyist)

**RECEIVED**

**OCT 24 2017**

**NEW HAMPSHIRE  
 DEPARTMENT OF STATE**



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Robert OLSON

L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A

S

E

R. OLSON LAW OFFICE, PLLC

(Name of partnership, firm or corporation)

P III. Name of Client NONE Date 10-24-17

R

I

N

T

### Political Contributions

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: MORSE Chuck  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate - N.H.

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: N/A  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: N/A  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

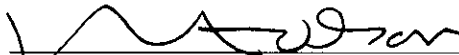
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

10-24-17  
(Date)

Robert OLSON  
(Print Name of lobbyist)